

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027489

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 205

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	
Length of stay in 1b <u>11 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>813 Center</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Mildred</u> Middle <u>C.</u> Last <u>McDonald</u>			4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-28-13</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>49</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Hosp.</u>		11. BIRTHPLACE (City and state or country) <u>Watson, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Bemberger</u>		13b. MOTHER'S MAIDEN NAME <u>Amey Hays</u>	
14. NAME OF HUSBAND OR WIFE <u>Ernest Mc Donald</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Ernest Mc Donald, Fulton, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	

IMMEDIATE CAUSE (a) <u>Terminal pneumonia</u>		CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) <u>Cardiac failure</u>	
DUE TO (c) <u>Cerebral terminal carcinoma metastatic</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Esophageal obstruction post radiation</u>		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>103 PM</u> Month, Day, Year <u>Sept 1554</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Fulton, Mo.</u>		
21. I attended the deceased from <u>Sept 1554</u> to <u>7 July 1963</u> and last saw her alive on <u>7 July 63</u> Death occurred at <u>103 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>SR Mark W</u>	22b. ADDRESS <u>Fulton Mo</u>	22c. DATE SIGNED <u>8 July 63</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-9-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Cdms.</u>	23d. LOCATION (City, town, or county) <u>Fulton, Mo.</u>
24. FUNERAL DIRECTOR <u>Maupin Funeral Home, Fulton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>13 July 1963</u>	26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

1 0147

2 0147

3

4 1

5 1

6

7 0

8 2

9 150X

10

11

12 1-0

13 1-0

JUL 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 506 J

P. O. Address Fulton - Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.